

Information Required During a Paediatric Referral

We recommend you follow the **I.S.B.A.R.** guideline outlined in the checklist below.

It is NOT a requirement to have ALL the information available. Please make your referral at any point in time when you need paediatric intensive care advice or retrieval.

Our PIPER coordinator will greet you and record this information	
Introduction	<ol style="list-style-type: none"> 1. Your name, clinical role, location, and contact number 2. Patient's name, age/DOB, weight
The PIPER/PICU Consultant or Senior Registrar will join the call and discuss the following with you (our call coordinator will record the information)	
Situation	The clinical situation (e.g. status epilepticus, child is intermittently apnoeic, will likely require intubation)
Background	<ol style="list-style-type: none"> 1. Past medical history 2. Presenting problems/history of presenting illness 3. Management undertaken, investigations performed 4. Review of systems <ul style="list-style-type: none"> • Airway <ul style="list-style-type: none"> <input type="checkbox"/> clinical findings <input type="checkbox"/> intubation grade <input type="checkbox"/> ETT size <input type="checkbox"/> ETT position • Breathing <ul style="list-style-type: none"> <input type="checkbox"/> clinical findings <input type="checkbox"/> ventilation <input type="checkbox"/> parameters <input type="checkbox"/> blood gases <input type="checkbox"/> CXR • Circulation <ul style="list-style-type: none"> <input type="checkbox"/> clinical findings, HR, BP, rhythm <input type="checkbox"/> vascular access <input type="checkbox"/> fluids (boluses and continuous fluids) <input type="checkbox"/> vasoactive medication • D <ul style="list-style-type: none"> <input type="checkbox"/> clinical neurological findings <input type="checkbox"/> sedation <input type="checkbox"/> muscle relaxants <input type="checkbox"/> CNS imaging • E <ul style="list-style-type: none"> <input type="checkbox"/> temperature <input type="checkbox"/> blood results incl. blood glucose <input type="checkbox"/> microbiology • F <ul style="list-style-type: none"> <input type="checkbox"/> family/parents
Assessment	The working diagnosis or overall assessment of the situation
Request	Please state whether you are requesting advice only or retrieval or are unsure.